PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

PT 150001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY	
TC	TAL CLAIMS		25					RATE	FEE		RATE	FEE
				MBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 25				minus 20=		• 5		X\$ 9=	- ·	OR	X\$18=	40
INDEPENDENT CLAIMS 5 minus 3					= · Q			X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT					·			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	L	TOTAL		OR	TOTAL	960
CLAIMS AS AMENDED - PART II								SMALL E	WTITY:	OR	OTHER SMALL E	- 11
	(Column 1) (Column 2) (Column Column 2) (Column Column 2)							SIAIMEE E			OWALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 0	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
1 B		CLAIMS REMAINING AFTER		NUN	HEST MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
SER.	All the second	AMENDMENT		PAID	FOR				FEE			FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	PRESENTATION OF MULTIPLE DEPENDENT		*** ENDEN	T CLAIM	-		X40=		OR	X80=	
<u></u>	THO THESERIATION OF WISETIFE DEFENDENT SEAW									OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1.22
A E	Independent	*	Minus	***	•	=		X40=	Ü		X80=	
Ø	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A4U=		OR		}
	to the state of th									OR	+270=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE											
l	The "Highest Nun	nher Previously Pa	aid For" (Total o	r Indenen	dent) is th	e highest numbe	ar fo	und in the ap	propriate bo	x in co	olumn 1.	